## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER **AS FILED** I"AMENDMENT 2 ™AMENDMENT -1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>5</u>3 <u>67</u> -38-88-- 39-. \_ TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL. CLAIMS

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE